

VA Hudson Valley Health Care System Psychology Internship Program

The Veterans' Affairs Hudson Valley Health Care System, with campuses at Montrose and Castle Point, New York, offers fully-accredited APA internships in Clinical and Counseling Psychology. Internships are full-time (2080 hours) and consist of three hospital-based rotations; one of six, and two of three months each, plus a year-long assignment to an outpatient clinic. As one of the largest psychiatric facilities in the VA, the Hudson Valley Health Care System offers opportunities to work with a diverse patient population in a variety of clinical settings. Weekly seminars and one-to-one supervision provide specialized training in a range of assessment and treatment modalities. In addition, interns are offered support for their dissertations or other research interests, and have access to a rich array of professional education within the hospital and in the New York metropolitan area.

The Hudson Valley Health Care System

The Montrose Campus of the Health Care System was founded in 1950 as the Franklin Delano Roosevelt VA Hospital. It is a 450 bed neuropsychiatric facility providing inpatient, residential, and nursing home care. In 1997 Montrose merged with the VA Hospital in Castle Point, New York, a medical, surgical, and nursing home facility, to become the VA Hudson Valley Health Care System. Montrose is situated in Westchester County, some 30 miles north of New York City, easily accessed from New Jersey and Connecticut. Castle Point is 30 minutes north of Montrose and is located in Dutchess County. Over the last few years the VA Hudson Valley has opened nine satellite clinics in locations ranging from lower Westchester to Ulster County. These clinics offer extensive medical and psychological services to outpatients in the surrounding communities.

The VA Hudson Valley Health Care System is fully accredited by the Joint Commission on Accreditation of Hospitals. In addition to the internship in Psychology, the Healthcare System maintains residencies in Geropsychiatry, Dentistry, Optometry, Pharmacy, Nutrition, Nursing, Social Work, Medicine, and Physical Medicine & Rehabilitation. A Residency Review Board monitors all approved training programs. This committee meets quarterly and is chaired by the Coordinator of Research. Each year an intern or resident is assigned membership and is responsible for bringing students' concerns to the attention of the Board. Psychology, Psychiatry, and Social Work constitute the Mental Health Care Line at our facility. Administration of the Psychology Internship Program is the province of the Psychology Internship Steering Committee.

The Role of Psychology and the VA Mission

The mission of the VA is to be a leader in the delivery of seamless, integrated, and affordable health care to our veteran population. From the inception of the

Department of Veterans' Affairs, the Psychology Internship Training Program has played a key role in fulfilling this commitment.

In the Health Care System psychologists provide comprehensive clinical services. We function as members of multidisciplinary treatment teams, provide direct clinical services, consultation, and testing, and engage in research. Psychologists have been part of the Medical Staff for approximately 20 years. We welcome the opportunity to participate in the development of policy and to partner with other professionals in the delivery of health care services at our institution.

The VA mission and the requirements of professional training guide the Psychology Internship Program. We review our program periodically in light of these objectives and the changing needs of the community. All program decisions, including selection of training sites and development of seminars, are informed by these principles.

With the opening of community clinics, our outreach efforts have enhanced access to treatment for thousands of veterans. We provide services to a wide range of patients in the greater metropolitan area, including historically underserved minority and low-income veterans. As mental health practitioners in a multicultural environment, we seek to enhance the intern's understanding of the relevance of cultural factors in the psychological functioning of their patients.

Goals of the Psychology Internship Training Program

The goal of the Internship Training Program is to promote the intern's development into a well-rounded clinician by:

- offering a rich variety of learning experiences
- providing opportunities to diagnose and treat a diverse patient population
- encouraging exploration of a range of treatment approaches

Based on the science of psychology, our goal is to prepare students for professional practice. We focus on the development of identified, critical skills to prepare each intern for entry-level autonomous practice at the completion of training. Our program integrates theory with practice, providing experiences that are sequential, cumulative and graded in complexity. Although the primary training method is experiential, it is augmented by weekly seminars in specialties such as Neuropsychology, Post-Traumatic Stress Disorder, group therapy, and family treatment. We are committed to the close supervision of interns and believe that much learning occurs through opportunities for observation and role-modeling.

Program Organization

Clinical assignments begin with observation of team meetings and therapy groups. Interns progress to full participation in all aspects of treatment as they demonstrate increasing knowledge and proficiency. Psychologists provide close supervision in both hospital and clinic settings. Supervisors are present in team meetings, invite interns to co-lead ongoing groups, and discuss process issues in pre- and post-group reviews. In addition to regular contact with their supervisors, interns have opportunities to discuss alternative treatment perspectives with consultants to our program and through contact with professionals from other disciplines.

In the course of the year interns receive training in psychodiagnostic testing and are expected to complete a designated number of assessments. In addition, they may elect to learn neuropsychological assessment and rehabilitation.

Components of the Program

A. Training Assignments

1) Hospital-based Rotations:

Interns are assigned three hospital-based rotations, one of six, and two of three months duration. A three-month rotation on the Acute Psychiatry Unit is mandatory. The initial assignment is made by the Directors of Training, based upon the expressed interests of the intern as well as program or administrative considerations. The remaining assignments are chosen by the intern, with breadth of training the central consideration. Interdisciplinary treatment teams on these units typically include a psychologist, psychiatrist, social worker, and nursing staff. Interns spend approximately two-thirds of their week fulfilling responsibilities in these placements. They function as full members of treatment teams and provide assessment, therapy, testing, and clinical case management.

2) Outpatient Rotations:

Interns provide approximately eight hours of outpatient psychotherapy weekly, primarily in one of three satellite clinics: Montrose, Castle Point, and New City. This year-long placement affords opportunities for assessment and triage, as well as long-term individual or group psychotherapy.

B. Supervision

In keeping with the goal of providing a rich and varied training program, interns work with a minimum of three supervisors each rotation, and are exposed to a variety of theoretical perspectives. Weekly supervision consists of at least one hour each for hospital, outpatient, and testing rotations. In addition, interns who co-lead groups receive supervision for that experience. Interns are encouraged to consult with supervisors, team members, or other clinical staff as the need arises. Seminars in individual and group

psychotherapy, psychological assessment, and other topics add two and a half hours of group supervision each week. Neuropsychological testing is supervised on an individual basis for those who elect to work in this specialty area.

1) Unit Supervisor:

This is a psychologist on the inpatient or residential treatment team who is responsible for overseeing the clinical assignment of the intern.

2) Outpatient Supervisor:

This supervisor works with the intern on managing their clinical caseload. Psychologists who provide services in the same setting often invite interns to co-lead established therapy groups.

3) Testing Supervisor:

Each intern has a supervisor for psychodiagnostic testing who oversees completion of required test batteries, consisting of both projective and empirical measures.

We consider weekly face-to-face meetings and a collegial relationship between intern and supervisor essential to a quality learning experience. Videotape is used to review therapy sessions and enhance the richness of both treatment and supervisory experiences. Interns have a voice in the selection of second rotation supervisors, affording the opportunity to round out their training through work with practitioners from a variety of treatment orientations.

C. Seminar Series

The Internship Training Program offers numerous weekly seminars. Some follow a case conference model, others are didactic or experiential. Seminars are presented by members of the Mental Health Care Line or by outside consultants and reflect interns' interests, as well as current topics in the field. Recent offerings have included individual psychotherapy, psychodiagnostic testing, and group psychotherapy case conferences. An overview of neuropsychology is offered at the beginning of the year to expose interns to that discipline. Brief courses in crisis intervention include assessment of suicidality and managing violent patients. Seminars in ethical standards, interview techniques, and treatment of minority veterans are also offered.

In addition to these programs, there are three other educational resources available to the intern: these are bi-weekly Continuing Education presentations and case conferences, and numerous educational opportunities in the New York metropolitan area.

Supervisory Faculty

Sixteen members of the Mental Health Care Line participate in our Internship Training Program. Thirteen are clinical or counseling psychologists, others include a clinical nurse specialist, psychiatrist, and program administrator. Psychologists and other Mental Health staff are responsible for delivery of professional services in the Healthcare System. They supervise interns in their area of expertise and have regular contact with the Training Directors to review interns' progress.

Psychologists play a variety of roles in the Health Care System. They provide direct patient care, coordinate treatment programs and serve on hospital committees. In addition, many of our staff maintain private practices, teach, participate in professional organizations, and publish articles and books. They serve as role models for students and are eager to share experiences that help broaden the intern's understanding of the role of psychology and opportunities for practice in the field.

Doctoral level psychologists have primary clinical responsibility for supervised cases and provide the bulk of supervision in our program. Training is also provided by mental health professionals from allied disciplines, such as nursing and psychiatry, who serve as adjunct supervisors and consultants.

For the sake of consistency, and to the extent possible, supervision is held at the same time each week. This is also true of seminars, which are planned around conflicting demands of unit and outpatient schedules. Beyond these routine sessions, much supervision occurs informally. In addition to maintaining an open door policy, supervisors and other clinical staff interact with interns frequently throughout the day. Every workday begins with an interdisciplinary team meeting to discuss new admissions and review current patients. On the units and in the clinics, psychotherapy and psychoeducational groups may be co-led by interns and psychologists or other professionals. Supervision for this work often occurs as an adjunct to regularly scheduled sessions.

Currently, we contract with two consultants who provide biweekly seminars. Margaret Postlewaite Ph.D. has conducted an Individual Psychotherapy Seminar at our facility for the last 18 years. In this course, interns review therapy cases in light of a psychodynamic perspective. Dr. Postlewaite is a former VA psychologist who teaches and maintains a private practice. Fred Schwartz, Ph.D. teaches a seminar in Psychological Testing. He is former Director of the Schizophrenic Service Outpatient Department at Cornell, Westchester, and remains a member of their teaching faculty. Dr. Schwartz offers a content-based analysis of the Rorschach, and helps students integrate test data into coherent psychological reports.

Four members of the Mental Health Care Line constitute the Internship Steering Committee. These are Dr. Leslie Green, Designated Professional Leader in Psychology and PTSD Program Manager; John Vargas, Coordinator of the Psychiatric Rehabilitation Unit; and Drs. James and Barbara Smith, Co-Directors of the Internship Training Program. This committee meets regularly to oversee development and implementation of the program.

Intern/Staff Relations

The hallmark of our Internship Training Program is one of close collaboration between interns and psychology staff. This is achieved through formal supervision, in conjunction with ample opportunities to observe, interact, and participate with clinical staff in the provision of treatment. Most important, it is reflected in a collegial regard for interns and commitment to providing opportunities for professional growth. Supervisors work closely with interns and collaborate as members of interdisciplinary treatment teams. Students are encouraged to pursue specialized research or training goals and may join staff on projects of mutual interest. Supervisory staff welcome the opportunity to work with interns, viewing them as junior colleagues whose enthusiasm more than compensates for any limits in experience.

Team meetings provide opportunities for interns to work closely with staff from other disciplines, including psychiatry, social work, nursing, medicine, recreation, and art therapy. These meetings allow a cross-fertilization of ideas, and enhance the intern's understanding of the unique role of psychology in the patient's treatment.

Orientation to the Hospital

In their first week, interns are introduced to hospital programs and policies through a combination of didactic and hands-on learning. During orientation they learn about the hospital mission and administrative procedures, have opportunities to observe current treatment programs, and spend time acclimating to their unit assignments. A welcoming breakfast marks the end of this period and provides a venue for interns to become acquainted with all Mental Health Care Line staff. At the end of the year, an event is held recognizing interns' contributions, and awarding certificates of completion of a 2080 hour internship in Clinical or Counseling Psychology.

Cultural Diversity

We believe interns not only benefit from the range of perspectives brought by a culturally diverse staff, but that the experience of treating individuals from varying cultural and ethnic backgrounds is crucial to their professional development.

Patients and staff at the VA Hudson Valley Health Care System represent a diverse mix of individuals. As a result, interns have opportunities to collaborate with staff and treat patients from a variety of ethnic, cultural, religious, and socioeconomic backgrounds. We recognize the importance of having our professional staff reflect this diversity, and attempt to attract and retain staff members from minority groups.

We provide several venues to enhance the understanding of cultural issues in treatment. Internship seminars address issues relevant to minority veterans including race, ethnicity and sexual orientation. These seminars incorporate theoretical and empirical literature and provide the opportunity to focus on cultural considerations. We address concerns specific to women veterans, and have recently added a seminar focusing on the impact of spiritual issues in treatment. Close attention is paid to individual and cultural differences in weekly supervisory sessions. In addition, the Health Care System mandates annual Diversity Training for all its employees.

Training Program at Hudson Valley Health Care System

I. Inpatient/Residential Units

A. Acute Psychiatric Unit

This unit is the entry point for all acute psychiatric admissions. It offers experience with a wide range of conditions, including psychosis, affective and personality disorders, substance abuse, organic mental conditions and homelessness. Interns work with multidisciplinary teams; they provide assessment and disposition planning, and have opportunities to offer group and individual therapy. This program is linked to an observation unit - a 23-hour holding area where the goal is to stabilize patients, evaluate the need for further treatment, and, if possible, avoid hospitalization. A high percentage of admissions are substance abuse patients assessed for medical detoxification. Interns are assigned to a three month rotation on this unit.

B. Psychiatric Rehabilitation Unit

The Psychiatric Rehabilitation Program is a 39-bed unit for patients who will be returning to the community, but require further inpatient care. The core treatment modalities are psycho- education and therapeutic recreation activities, focused on transition to the community. In addition to psychology, this unit is staffed by specialists in social work, nursing, medicine, and therapeutic recreation. This program is often the site of drug research protocols involving seriously mentally ill patients.

C. Substance Abuse Treatment Program (SATP)

This short-term, intensive, substance abuse treatment program employs the therapeutic community model of treatment emphasizing structured milieu, peer confrontation, and a high level of involvement between patients and staff. In addition to individual psychotherapy, a wide variety of group treatment interventions, including community meetings, human relation training, behavioral contracts, and traditional group psychotherapy are employed. Patients must be drug-free at time of admission. This program is coordinated by a psychologist.

D. Post-Traumatic Stress Disorder Unit

This unit assesses and provides intensive treatment of veterans experiencing difficulties related to their military service. Assessment procedures include an extensive psychological history, with detailed evaluation of the precipitating traumatic events. The unit, structured as a therapeutic milieu, focuses on the sequelae of trauma, with most treatment provided in a group format. Therapy promotes social skills, problem-solving, individual responsibility, and appropriate management of anger. For those veterans who have maintained relationships with family, couples or family treatment may be offered. This unit is coordinated by a psychologist, and is available to interns as a six-month rotation.

E. Domiciliary

This is a four-month residential program for homeless veterans who have completed other treatment in the hospital, primarily SATP or PTSD. Patients must be psychiatrically stable and capable of securing employment. Treatment goals include maintenance of sobriety, enhancement of coping and interpersonal skills, and return to independent living. Vocational rehabilitation, compensated work therapy, and a strong emphasis on participation in 12-Step recovery programs are core treatment interventions.

II. Outpatient Programs

A. Community-Based Outpatient Clinics (CBOCs)

Over the last few years VA Hudson Valley established nine community-based clinics offering a wide array of services to veterans in the surrounding area. Veterans who seek treatment at these clinics are often high-functioning individuals who have never utilized mental health services in

the past. Interns have opportunities to work with families and to develop groups run independent of other clinicians. They spend a day a week in this setting and see a number of individual patients for whom they provide psychotherapy for the full internship year. They also co-lead on-going therapy groups, and provide assessment of new referrals.

B. Substance Abuse Outpatient Treatment Program

Treatment goals and interventions are similar to those of SATP, and offer treatment to patients who may have completed residential programs in the Health Care System. To be eligible, patients must reside in the community or in the Domiciliary.

III. Other Training Opportunities

A. Neuropsychology

In the Health Care System neuropsychological services, including cognitive assessment and rehabilitation, are provided by specially trained psychologists. Referrals for neuropsychological services may come from any setting in the Health Care System. Requests include evaluation of the effects of closed head injuries, CVAs, neoplasm, epilepsy, exposure to toxins, pre-senile dementia, or medical disorders causing metabolic changes within the brain. Interns that elect to work in this area are supervised for each of their cases. In addition, they have the opportunity to pursue research interests in this field.

B. Spinal Cord Injury

The VA has historically been a leader in the treatment of spinal cord injury. This 20-bed Castle Point unit for paraplegic and quadriplegic patients is designed for both acute and long-term care. Although the focus of the unit is medical treatment, there is a great need for psychological intervention. Group and individual therapy or assessment may be provided by the intern assigned to this unit.

C. Pain Management

Interns in the Pain Management Clinic work with a multidisciplinary team in treating individual with chronic pain conditions. Psychology plays an integral role in assessing the social and psychological impact of pain on the veteran's functioning. There is opportunity for individual or group intervention as well.

D. Employee Assistance Program

Interns may provide psychological services to employees through our in-house Employee Assistance Program. In the past, interns who elected this rotation developed courses in Stress Management, Conflict Resolution, Anger Management, and Smoking Cessation, in addition to providing consultation and critical incident debriefing.

E. Consultation-Liaison

Psychology Consultation-Liaison (C-L) services are provided to the Hospital-Based Care Line's Extended Care Units and Pain Management Clinic. Extended Care consists of a total of 105 beds at the Montrose/FDR campus, and 75 beds at the Castle Point campus. Residents in extended care may be admitted for dementia, terminal illness, or rehabilitation for orthopedic procedures or physical de-conditioning. Many, especially at the FDR campus, have had histories of psychiatric disorder.

Psychology interns provide capacity evaluations, psychotherapy for end-of-life issues, cognitive and neuropsychological testing, supportive therapy, and short-term therapy for depression, anxiety, other mental illness or coping with medical illness and disabilities.

The Pain Management Clinic is based at Castle Point. The interdisciplinary team consists of Psychiatrists, Nurse Practitioners, a Social Worker, a Pharmacist, a Psychiatrist and Psychologist. Mental Health practitioners participate in team meetings, and receive referrals for psychotherapy for pain-related issues. Patients living closer to the FDR Campus can also be seen at Montrose by the Psychologist.

F. Research

Interns are encouraged to pursue independent research or complete work on dissertations. To this end, staff are available as mentors to help clarify ideas and find solutions to many of the practical problems inherent in research. Past projects have included studies of Schizophrenia, Alzheimer's Disease, Post-Traumatic Stress Disorder and memory disorders. Cooperative research projects are underway with New York Medical College, the Bronx Veterans Affairs Medical Center, Mt. Sinai School of Medicine. Hudson Valley Health Care System is also an active participant in the VISN 3 Mental Illness Research Education and Clinical Center (MIRECC) – a specially funded program to enhance services to seriously mentally ill veterans.

IV. Program Assessment

We are committed to an ongoing assessment of our Internship Training Program.

Supervisors assess interns' development and provide on-going feedback. Formal assessments are completed at three, six, nine, and twelve months. Interns are rated on dimensions of professional competence, skills in psychological assessment, psychotherapeutic interventions, and individual and group psychotherapy.

At the end of each rotation, interns assess the training program and rate their experience along dimensions of clinical interest and professional relevance. They are asked to consider interpersonal aspects of their assignments such as openness of staff to their perspectives, and treatment teams' willingness to integrate new members. They rate their supervisors in terms of professional knowledge, availability, interest in supervision, and flexibility.

V. Primacy of Treatment

We place a strong emphasis on the educational needs of interns and ensure that these needs take precedence over the administrative demands of the Health Care System. We do this by prioritizing critical elements of the training experience over activities such as generation of revenue. We limit the interns' caseload to what we feel is appropriate to their learning needs and relieve them of unit responsibilities to attend scheduled seminars and supervisions. We believe interns should be treated as professionals and that demands on their time should not exceed the expectations of permanent staff.

This hand-out is given to interns at the beginning of orientation.

RELEVANT INFORMATION

1. Time

The internship is 2080 hours.

Work hours are 8:00AM to 4:30PM, Monday through Friday with 30 minutes for lunch.

Some assignments require evening hours. Off-tour schedules must be approved by the primary supervisor and the Director of Training. A supervisor must be available during this time.

- Four hours of Annual Leave and four hours of Sick Leave accrue each pay period.
- There are 10 paid holidays.
- Interns are eligible for Health and Life insurance benefits.

2. Seminars

The Seminar Schedule is distributed monthly.

Mandatory events include:

- The Psychology Staff Meeting
- Psychodiagnostic Testing Seminar
- The RBP Psychotherapy Series
- Individual Psychotherapy Series
- Weekly Intern Lunch
- The Journal Club
- Neuropsychology Seminar
- Video Seminar

Interns will be asked to complete written evaluations of the course upon completion of each seminar.

3. Psychological Testing

There will be two testing rotations during the internship year.

Interns are responsible for completing a minimum of 12 psychological assessments to include the WAIS, Rorschach, TAT, MMPI, MCMI and a memory measure. The VPI will be used for one assessment.

Assessments are due at the end of each month. Six must be completed each rotation for the intern to successfully complete the requirement.

4. Supervisors

Interns have at least three supervisors at any given time.

Interns must attend regularly scheduled supervisory sessions and be appropriately prepared.

Interns are closely supervised when consulting to other interdisciplinary teams or services.

Interns receive two formal evaluations from each supervisor during each rotation.

5. Rotations

There are three hospital-based rotations for the year of 3, 3 and 6 month durations. All interns will complete a rotation in acute psychiatry.

Testing Rotations will change at the 6-month point. Test batteries are to be evenly distributed between the two rotations and supervisors.

Outpatient work will be provided in CBOCs. Interns spend the training year at the same site but change supervisors as other rotations change. One day per week is spent in the clinic.

The current clinic sites accepting interns are:

New City (Rockland County)
Castle Point
Montrose

6. Library (Building 6, Room 17)

- Professional journals (except for the current issue) may be signed out.
- Computer listings of articles by topic are available by request.
- Specific articles, journals and books may be requested if not available in our library.

7. Housing

On-campus housing may be available to accommodate interns living alone. These are small studios with private baths. Kitchen facilities are shared.

Administrative Issues and Application Procedures

The internship begins September 1 and concludes August 31. There will be four full-time positions in the coming year, each with a stipend of \$18,750.

Applicants must be U.S. citizens who are doctoral candidates in an APA approved graduate program in Clinical or Counseling Psychology.

- Applicants should submit a curriculum vitae, APPIC Application Form, transcript of graduate school courses, two letters of recommendation, and approval from the university Chairperson indicating that necessary preparations for an internship have been completed. Send these to:

Linda Bardes-Cummings, Administrative Assistant
VA Hudson Valley Healthcare System
Internship Training Program
Mental Health Care Line
Building 13
PO Box 100
VA Hudson Valley Health Care System
Montrose, NY 10548

- Interviews will be held at the Montrose Campus. Contact Linda Bardes-Cummings at 914-737-4400, ext. 2330/3428, to arrange a convenient date.
- Interviews will be completed by January 31; deadline for scheduling appointments is January 13, 2006.
- Our Internship Program complies fully with policies of the Association of Psychology Post-Doctoral and Internship Centers (APPIC) regarding offer and acceptance of internship positions.

AREA OF INTEREST FORM

Please indicate areas of interest for Internship Training and mail with application packet.

Applicant's Name: _____

Please rate all areas:

1. Very Interested
2. Somewhat Interested
3. Not Interested

Primary Assignment:

PTSD _____

Substance Abuse _____

Seriously Mentally Ill _____

Ancillary Experience:

Neuropsychology _____

Pain Management _____

Spinal Cord Injury _____

Consultation-Liaison _____

Employee Assistance _____

Vocational Rehabilitation _____

Internship Training Staff

Linda Bardes-Cummings, Administrative Assistant

Jay Buckiewicz, Ph.D., Bowling Green University, 1985, Outpatient Substance Abuse Treatment Program

Warren Goldfarb, Ph.D., University of Missouri, 1979; Team Leader, Substance Abuse Residential Treatment Program

Leslie Green, Ph.D., Fordham University, 1982; Designated Professional Leader/Psychology; PTSD Program Manager

William Hartwig, Ph.D., University of Southern Mississippi, 1979; Neuropsychology Clinic, Outpatient Clinics

Ronald Hobler, Psy.D., University of Denver, 1981; SCI

Yael Margolin-Rice, Ph.D., Adelphi University, 1979; Sexual Trauma Counselor; Outpatient Clinic

Jay Pomales, Ph.D., University of Nebraska, 1986; Domiciliary Program

Margaret Postlewaite, Ph.D., Columbia University, 1975; Consultant

Helaine Shimel, R.N., R.N.C.S., University of Illinois at the Medical Center, Chicago, Illinois, 1977; Outpatient Clinic

Cecile Sison, Ph.D., Pennsylvania State University, 1991; Inpatient Psychiatry

Fred Schwartz, Ph.D., University of Massachusetts, 1959; Consultant

Richard Silverman, M.D., Tufts University School of Medicine, 1975, Psychiatrist

Barbara D'Amico Smith, Ph.D., Fairleigh Dickinson University, 1989; Employee Assistance Program, Montrose & New City Outpatient Clinics, Co-Director Internship Training Program

James Smith, Ph.D., Teachers College, Columbia University, 1985; Montrose and New City Outpatient Clinics, Co-Director Internship Training Program

Mary Tramontin, Psy.D., Widener University, 1993; PTSD Unit

John Vargas, Ph.D., University of Wisconsin-Milwaukee, 1978; Intermediate Psychiatry

Alan Wachtel, Ph.D., University of Montana, 1973; Outpatient Substance Abuse Treatment Program

DIRECTIONS:

From Upper New York

- Route 84 to Exit 13 – Route 9 South to Welcher Avenue Exit (Route 9A)
- Follow Route 9A to FDR VA Hudson Valley Health Care System on right.
- OBSERVE SPEED LIMIT. Follow posted signs to parking area.

From New York City

- Take NY Thruway (Route 87) to Tarrytown Exit (last exit before Tappan Zee Bridge) Route 9.
- Follow Route 9 North to Montrose Exit (Route 9A).
- Left turn on Route 9A, proceed to FDR VA Hudson Valley Health Care System on left.

From New Jersey

- Take Palisades Parkway to Bear Mountain Bridge. Cross bridge and follow Route 6/Route 202 (Peekskill).
- Bear right on traffic circle and follow signs for Routes 9/202/6 – Peekskill.
- Stay on Route 9 South and exit at Welcher Avenue (Route 9A). Continue to FDR VA Hudson Valley Health Care System on right.